

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/054,917	04/03/98	348	2711	UV-45

APPLICANT KEVIN D. SATTERFIELD, MANNFORD, OK; THOMAS R. LEMMONS, SAND SPRINGS, OK;  
JENNIFER E. NELSON, MANNFORD, OK; CONNIE T. MARSHALL, MUSKOGEE, OK;  
BRENT E. PERRY, TULSA, OK.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED PROVISIONAL APPLICATION NO. 60/067,953 12/08/97

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

FOREIGN FILING LICENSE GRANTED 05/07/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OK	SHEETS DRAWING 12	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials	Initials				

ADDRESS	G VICTOR TREYZ FISH & NEAVE 1251 AVENUE OF THE AMERICAS NEW YORK NY 10020-1104
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TITLE	PROGRAM GUIDE SYSTEM WITH BROWSING DISPLAY
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FILING FEE RECEIVED \$878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

CONFIRMATION NO. 3260

\*BIBDATASHEET\*

Bib Data Sheet

SERIAL NUMBER 09/054,917	FILING DATE 04/03/1998 RULE	CLASS 345	GROUP ART UNIT 2611	ATTORNEY DOCKET NO. UV-45
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APPLICANTS

KEVIN D. SATTERFIELD, MANNFORD, OK;

THOMAS R. LEMMONS, SAND SPRINGS, OK;  
JENNIFER E. NELSON, MANNFORD, OK; CONNIE T. MARSHALL, MUSKOGEE, OK;  
BRENT E. PERRY, TULSA, OK;

\*\* CONTINUING DATA \*\*\*\*\* KB

This appln claims benefit of 60/067,953 12/08/1997

YES

\*\* FOREIGN APPLICATIONS \*\*\*\*\* KB

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/07/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OK	SHEETS DRAWING 12	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	KM/KB Initials			
Verified and Acknowledged	Examiner's Signature				

ADDRESS

G VICTOR TREYZ  
FISH & NEAVE  
1251 AVENUE OF THE AMERICAS  
NEW YORK , NY  
100201104

TITLE

PROGRAM GUIDE SYSTEM WITH BROWSING DISPLAY

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of

ING FEE FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT

e

ee

b b

f